



Massachusetts Department of Environmental Protection
Underground Storage Tank Program

Form UST FP-290R

Notification for Removal or Closure of In Place Underground Storage Tanks Regulated Under 527 CMR 9.00

Forward completed form to:
MassDEP
Bureau of Waste Prevention UST Program
P.O. Box 120-0165
Boston, MA 02112-0165
Forward one Copy of FP-290R to local fire department.

Contact:
MassDEP Bureau of Waste
Prevention UST Program
617-556-1035 ext. 2

State Use Only

- A. Facility Number _____
- B. Date Entered _____
- C. Clerks Initials _____
- D. Comments

If a storage facility has UST's which are to remain in use, an entire amended FP-290 (long form) must be filed.

Note: "Facility street address" must include both a street number and a street name. Post office box numbers are not acceptable and will cause a registration to be returned. If geographic location of facility is not provided, please indicate distance and direction from closest intersection e.g., (facility at 199 North Street is located) **400 yards southeast of Commons Road** (intersection).

I. Ownership of Tank(s)

II. Location of Tank(s)

Owner Name (Corporation, Individual, Public Agency, or Other Entity) _____

Street Address _____

Mailing Address (if different from street address) _____

City _____ State MA Zip Code _____

County _____

Phone Number (Include Area Code) _____ Owner's Employer Federal ID# _____

Give the geographic location of tanks by degree, minutes, and seconds.
Example: Lat. 42, 36, 12 N Long. 85 24, 17 W

Latitude _____ Longitude _____

Distance and direction from closest intersection (see note above) _____

Facility Name or Company Site Identifier, as applicable _____

Street Address (P.O. Box not acceptable – see note above) _____

City _____ State MA Zip Code _____

County _____

III. Tanks/Piping Removed or Filled in Place

Tank Number	Tank No.				
1. Tank/Piping Removed or filled in place (mark all that apply)					
A. Substance last stored	_____	_____	_____	_____	_____
B. Tank capacity gallons	_____	_____	_____	_____	_____
C. Estimated date of last use (MM/DD/YYYY)	_____	_____	_____	_____	_____
D. Estimated date of removal (MM/DD/YYYY)	_____	_____	_____	_____	_____
E. Tank was removed from ground	_____	_____	_____	_____	_____
F. Tank was not removed from ground	_____	_____	_____	_____	_____
Tank was filled with inert material	_____	_____	_____	_____	_____
Describe material used	_____	_____	_____	_____	_____
G. Piping was removed from ground	_____	_____	_____	_____	_____
H. Piping was not removed from ground	_____	_____	_____	_____	_____
I. Other, please specify	_____	_____	_____	_____	_____



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Tank Number (cont.)	Tank No. _____				
2. tank closed in accordance with 527 CMR 9.00	<input type="checkbox"/> Yes <input type="checkbox"/> No				
A. Evidence of a leak detected	<input type="checkbox"/> Yes <input type="checkbox"/> No				
B. Mass. DEP notified	<input type="checkbox"/> Yes <input type="checkbox"/> No				
1. Mass DEP tracking number	_____	_____	_____	_____	_____
2. Agency or company performing contamination assessment*	_____	_____	_____	_____	_____

I declare under penalty of perjury that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative _____	Signature: _____	Date: _____
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